

Political Organization
Notice of Section 527 Status

OMB No. 1545-1093

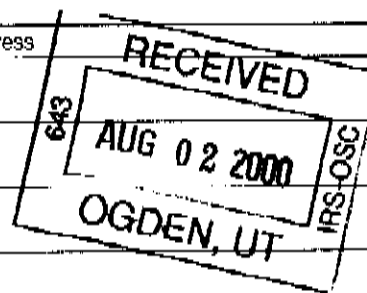
68-0456987

Part I General Information

1 Name of organization Rob Fong For School Board		Employer identification number Applied For
2 Mailing address (P.O. Box or number, street, and room or suite number) 5435 Madison Avenue		
City or town, state, and ZIP code Sacramento, CA 95841		
3 E-mail address of organization		
4a Name of custodian of records Rita Copeland	4b Custodian's address 5435 Madison Avenue Sacramento, CA 95841	
5a Name of contact person Diane Oliver	5b Contact person's address 1331 Garden Highway, Ste 300 Sacramento, CA 95833	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose7 Describe the purpose of the organization
Candidate Campaign Committee**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address

ENVELOPE JUL 31 2000
POSTMARK DATE

3

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Diane Oliver
Signature of authorized official

7/27/00
Date

Form **SS-4**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ **Keep a copy for your records.**

PLEASE PRINT CLEARLY

1 Name of applicant (legal name) (see instructions)

ROB FONG FOR SCHOOL BOARD

2 Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name

RITA COPELAND

4a Mailing address (street address) (room, apt., or suite no.)

5435 MADISON AVENUE

5a Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP code

SACRAMENTO, CA 95841

5b City, state, and ZIP code**6** County and state where principal business is located

SACRAMENTO, CA

7 Name of principal officer, general partner, grantor, owner, or trustee • SSN or ITIN may be required (see instructions)

RITA COPELAND, 550-74-4392

8a Type of entity (Check only one box.) (see instructions). **Caution:** If applicant is a limited liability company, see the instructions for line 8a.☐ Sole Proprietor (SSN)☐ Estate (SSN of decedent)☐ Partnership☐ Personal service corp.☐ Plan administrator (SSN)☐ REMIC☐ National Guard☐ Other corporation (specify) ▶☐ State/local government☐ Farmers' cooperative☐ Trust☐ Church or church-controlled organization☐ Federal government/military☒ Other nonprofit organization (specify) ▶ POLITICAL COMMITTEE (enter GEN if applicable)☐ Other (specify) ▶**8b** If a corporation, name the state or foreign country
(if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)☐ Started new business (specify type) ▶☐ Banking purpose (specify purpose) ▶POLITICAL COMMITTEE☐ Changed type of org. (specify new type) ▶☐ Hired employees (Check the box and see line 12.)☐ Purchased going business☐ Created a pension plan (specify type) ▶☐ Created a trust (specify type) ▶☒ Other (specify) ▶ IRS REQUIREMENT**10** Date business started or acquired (month, day, year) (see instructions)

9/03/98

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A**13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0- (see instructions) ▶

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ▶ CANDIDATE CAMPAIGN COMMITTEE**15** Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ▶☐ Business (wholesale)☒ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No**Note:** If "Yes," please complete lines 17b and 17c.**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and State where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge & belief, it is true, correct, and complete.

Business tel. no. (include area code)

916 348-9100

Fax telephone number
(include area code)

916 348-9111

Name and title (Please type or print clearly.) ▶ DIANE OLIVER, TREASURER

Signature ▶

Rita Copeland

Date ▶

7/25/2000**Note:** Do not write below this line. For official use only.Please leave
blank ▶

Geo.

Ind.

Class

Size

Reason for applying